

Houston Health Department

Consumer Health Services Bureau P.O. Box 300008 Houston, TX 77230-0008

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2021 APPLICATION FOR A FOOD SERVICE MANAGER'S CERTIFICATE PLEASE PRINT CLEARLY

DUPLICATE CERTIFI	CATE:	Attach a copy of a valid	l government issue	ed photo ID such a	s a Driver's License.		
RECIPROCAL CERTIFICATE: Attach a copy of a valid government issued phe Examination from an accredited Food Manager					s a Driver's License and	a copy your (Certificate of
Date:							
Name:							
First Home Phone:		Driver's License #:	Initial	Date of Birth:	Las I	st Male \square	Female
Home Address: Preferred	# Street	Ant	City		State		7in
Business Name: Preferred	# Street	Apt.	City		State		Zip
Business Address:	Street Address	Suite		City	State	Zip	
Business Phone:							
Email:			5	iignature:			
DO NOT WRITE BELOW THIS LINE							
DUPLICATE CERTIFICAT	E: Date C	ert. rts:		Ends:		Cert #:	
RECIPROCAL CERTIFICA	TE: Date C	ert. rts:		Ends:		Cert #:	
Approved by:		SIGNAT	'URE		Date:		

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HOUSTON HEALTH DEPARTMENT

Bureau of Consumer Health Services PO Box 300008 Houston, Tx 77230-0008

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR A FOOD SERVICE MANAGER'S CERTIFICATE

The following fields are required:

- ✓ Either check the box indicating that the application is for a reciprocal certificate from another agency or program or a duplicate of your existing City of Houston certificate.
 - If this application is for a copy of your existing City of Houston Food Manager's Certificate (\$29.72),
 a copy of a valid government issued photo id must be attached
 - If this application is for a reciprocal from another accredited teaching agency or program (\$41.61), a copy of a valid government issued photo id must be attached and a copy of your certificate of examination from that agency or program.
- ✓ Enter the date as "MM/DD/YYYY".
- ✓ Enter your name as it appears on your present certificate and photo ID.
 - o if your name does not match on these two documents, enter your name as you want it to appear on your duplicate or reciprocal certificate and attach an explanation on a separate page and submit with your application.
- ✓ Check and enter your preferred mail address, either home or business.
- ✓ Clearly enter your email address
- ✓ Sign the application
- ✓ Submit the application:
 - By email (preferred) to <u>CHS@houstontx.gov</u>
 - O By postal mail to the PO Box at the top of the application.

Your application will be processed within 2 business days of receipt and an invoice for the fee (\$29.72) for a duplicate or \$41.61 for a reciprocal) will be emailed to the email address you provided on the application. Payment options will be included with the emailed invoice.